



State of Nebraska  
HHS Regulation & Licensure Credentialing Division  
P.O. Box 94986 - Lincoln, NE 68509-4986  
Telephone: (402) 471-2118

# RENEWAL NOTICE

Your **license as a Physician/Osteopathic Physician & Surgeon expires 10/1/2006**. The renewal fee of **\$77.00** and this document must be postmarked on or before **10/1/2006** to avoid a late fee of \$25.00. **If you do NOT renew your license by the expiration date, you may not continue to practice. If you continue to practice you will be subject to an administrative penalty.**

LICENSE # : \_\_\_\_\_ (you will receive a separate letter if you are audited)

Name:
Address:
City:
State/Zip:

**NAME & ADDRESS CHANGES:** If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name as printed above.

**Fees** Check requested status below:

- ☐ ACTIVE \$77.00  
☐ INACTIVE \$25.00  
☐ LAPSED (No fee)

**Make Payable to:**  
CREDENTIALING DIVISION

**Submit fee and this document to the address listed above.**

**\*\*\*PLEASE NOTE: Online Renewal is NOT available for OSTEOPATHIC PHYSICIANS & SURGEONS this year\*\*\***

**YOU MUST ANSWER THE FOLLOWING QUESTIONS:** If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete.

1	Have you been convicted of a <b>misdemeanor or felony</b> since October 1, 2004?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, list date and conviction (include a detailed explanation):		
2	Has your license in any profession in <b>another</b> state been revoked, suspended, limited or disciplined in any manner since October 1, 2004?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, list State(s), date, and discipline imposed (include a detailed explanation):		

If you answered YES to question #1, you must request the following documents be sent directly to the Credentialing Division: 1) Official court records, which includes charges and disposition; 2) Copies of arrest records; 3) A letter from you explaining the circumstances surrounding the conviction; 4) If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required); and 5) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status. If you answered yes to question #2, you must submit an official copy of the disciplinary action, including charges and disposition. **NOTE:** If you have any **criminal charges or license disciplinary actions pending** that result in misdemeanor or felony conviction or license discipline, you are required to report such actions to the Department within 30 days after the date of conviction.

**CONTINUING COMPETENCY:** If you are applying for an ACTIVE license, you must complete the continuing competency information on the reverse side of this renewal notice or the WAIVER information (if you qualify).

**LATE PAYMENT PENALTY:** If the renewal fee and/or this completed document are postmarked or submitted in person after the expiration date, a penalty fee of \$25.00 will be assessed and you may not practice until the license is renewed. Licenses not renewed within 30 days following the expiration date will be **revoked** for non-payment of the renewal fee. If you continue to practice after the expiration date you will be subject to an administrative penalty of \$10.00 per day, up to a maximum of \$1,000.00.

**INACTIVE STATUS:** This means you must not engage in the practice of medicine and surgery in the State of Nebraska after the expiration date of your license. The license is placed on inactive status for a one-time fee of \$25.00 and remains on that status until such time as the license is reinstated. In order to move a license from inactive to active status, you must complete a reinstatement application and meet the reinstatement requirements in effect at the time you apply to reinstate. Currently, these requirements include paying the renewal fee, meeting the continuing competency requirement and additional competency requirements as specified in 172 NAC 88-014.

**LAPSED STATUS:** This means that if the Department accepts the request for lapsed status, the right to represent yourself as a licensee and to practice the profession in which such license is required shall terminate. To restore the license you must meet the requirements for **initial licensure**, which are in effect at the time that you wish to restore the license.

**Signature Required on Reverse Side ➡**

## CONTINUING COMPETENCY

**CONTINUING COMPETENCY REQUIREMENTS:** You must have **earned ONE of the following between 10/02/2004 and 10/01/2006** in order for your license to be renewed to ACTIVE status (not required if you request inactive status):

- 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). A licensee who has earned more than the 50 hours required for license renewal for one 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; **OR**
- One year of participation in an approved graduate medical education program; **OR**
- The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months immediately preceding the date of expiration).

**WAIVER OF CONTINUING COMPETENCY:** Complete the information below if you have not earned the continuing competency requirement and are applying for a waiver of this requirement. If you have completed part of the required continuing education hours, indicate how many hours you are requesting be waived.

\_\_\_\_\_ **I AM REQUESTING A WAIVER** of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below:

<input type="checkbox"/>	I hold a Nebraska Physician license, but am not practicing Medicine and Surgery in Nebraska.
<input type="checkbox"/>	I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date. (You <b><u>MUST</u></b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	I was first licensed within the twenty-four (24) months immediately preceding the license renewal date.
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability during the 24 months immediately preceding the renewal date, which prevented completion of the continuing competency requirements. ( <b><u>Attach a statement</u></b> from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.)

**YOU MUST COMPLETE THIS CERTIFYING INFORMATION:** I attest that I am the person named making application, that I completed this application and that the information I provided is true and correct to the best of my knowledge and belief. **I also further attest that I have either met the continuing competency requirements for the period between October 2, 2004 and October 1, 2006, or that I meet the conditions to claim a waiver as outlined above, pursuant to 172 NAC 88-016, or that I have claimed the INACTIVE or LAPSED status.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Telephone Number) optional

\_\_\_\_\_  
(E-mail Address) optional